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FOURTH REPORT

ON THE

OPERATION OF THE CONTAGIOUS
DISEASES ACTS.



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ASSOCIATION FOR PROMOTING THE EXTENSION OF
THE CONTAGIOUS DISEASES ACTS.

FOURTH REPORT

ON THE

OPERATION OF THE CONTAGIOUS
DISEASES ACTS ;

WITH

COMMENTS ON THE REPORT OF THE
ROYAL COMMISSION,

AND

EXTRACTS FROM THE PUBLISHED EVIDENCE.

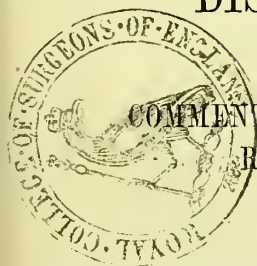
WITH APPENDIX.

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OF

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REPORT.

INTRODUCTION.

SHORTLY after our last Report was issued, the Royal Commission "upon the administration and operation of the Contagious Diseases Acts" commenced its labours. By the courtesy of its members, we were invited to send a Representative of our Association to its meetings, and to suggest those witnesses whose evidence appeared the most valuable; the same privilege being accorded to our opponents. Through one of our body, we attended most of the meetings; and whilst referring our readers with satisfaction to the evidence adduced in favour of the Acts, we regret that lapse of time prevented other important evidence being heard which would have still further strengthened our case.

The Report of the Commission was issued in July, 1871. We regard it with mingled feelings. Nothing can be more complete than the exculpation contained in it of the Police from the charges of abuse of authority laid against them, which have excited so much indignation. We rejoice at the almost unanimous recommendation (four Commissioners only dissenting) that legislation on the subject should be continued, and at the recognition of that principle of extension for which we have all along contended; at the same time, we fear that, if the compulsory periodical examination required by the Acts of 1866-9 be discontinued, no sufficient substitute could be

Exculpation of
the police.

Recognition of
the principle of
extension by the
Royal Commission.

devised to secure satisfactory physical and moral results. If such could be devised, we should receive it cordially, feeling that the existing system is justifiable only in default of a better, and as a lesser to keep off a greater evil. Many other recommendations are of importance, and well deserve the careful attention of Parliament. The "Dissent from part of the Report," signed by Sir John Pakington and six other Commissioners, is of the greatest value, and as proceeding from men of so great eminence and experience, is a great support to our cause. We have quoted it at p. 28 of this Report.

Opposition to the Acts has continued to show itself in some parts of the country, remote in general from the districts subjected to them, and large numbers of petitioners call upon Parliament to repeal them. Admitting to the full that amongst these are some whose opinion is entitled to respect, and whom we would gladly see on our side, we assert that the great body of petitioners—as is often shown by the allegations themselves—had little or no knowledge of the provisions or operation of the Acts beyond that derived from inflammatory harangues and publications, from appeals to the passions, or from *ex parte* statements and exaggerations, and that they have not given to the question that consideration and that careful study which it requires.

Above all, it will not have escaped the notice of those who have followed the controversy, that our chief argument in favour of effective legislation, *i.e.*, that derived from the lasting and hereditary character of the disease against which we fight, with the consequent suffering of innocent persons, and the blood-poisoning of future generations, is seldom alluded to, and we say confidently, has never been answered.

We have thought it our duty to abstain from plat-

Difficulty of providing an efficient substitute for periodical examination.

Character of the opposition to the Acts.

Hereditary and lasting character of the disease.

Reasons for abstaining from public agitation.

form agitation, and have thus deprived ourselves of the advantage of answering on the spot the statements above referred to; but the subject is one which it is impossible to treat fairly in all its bearings before a mixed and uninstructed audience in the compass of a speech, and we have felt that opinions, founded on the superficial statements which a public meeting alone allows of, are not to be relied on.

Time has not permitted us to analyse to any extent the evidence taken before the Commission; but as Parliament will so soon meet, we offer a few comments upon it in the following pages, and repeat shortly some of the arguments which in previous Reports we have more fully given. To these Reports we call attention, as also to the Appendix to our last Report, which contains a copy of the Memorial to Government from a large number of eminent men, clergy, educational authorities, &c.

We call special attention to the Memorial lately presented to Mr. Secretary Bruce, which we print in the Appendix to this Report, and which contains the name of nearly every medical man in London of the highest eminence. Amongst these will be recognised the names of some whose large-minded and philanthropic views protect them from the supposition that their minds have been "warped by professional bias," that they look at the question with a "medical eye alone," or that they are justly entitled in the recognised organ of our opponents,* "partisans of the surgical violation of women, for the protection of profligate men." Similar memorials from Medical Practitioners in different parts of the country have been forwarded to us for presentation. More than 1,000 signatures have already been received, and others are reaching us daily.

Medical
Memorial in
favour of the
Acts.

We look forward with the greatest interest to the

* Shield, Jan. 6, 1872.

legislation about to be proposed by Her Majesty's Government, and entertain the earnest hope that Parliament, undeterred by clamour, however loud, which is not founded on reason, may enact such measures as shall tend to mitigate, if not to eradicate, a disease the curse of mankind, and which shall alike promote the moral and physical welfare of our people.

PROPOSAL TO ABOLISH THE PERIODICAL EXAMINATION AND TO RETURN TO THE PRINCIPLES OF THE ACT OF 1864.

The most important recommendations made by the Royal Commission are:

1. "That the periodical examination of public women be discontinued."
2. "That every common prostitute found to be diseased after an examination by a Medical Officer, on a voluntary submission or upon a magistrate's order, shall be detained in a certified hospital until she is discharged by a magistrate's order, or by the authorities of such hospital: provided that such detention shall, in no case, exceed the period of three months."

These recommendations have been made apparently not without some reluctance, for the Commissioners had previously expressed themselves "satisfied from the evidence, that the frequent examination of women is the most efficacious means of controlling the disease," but, granting this, they think it "becomes a grave question whether the system could be maintained in the face of objections which, on moral grounds, have been raised against it."

Should the modifications recommended by the Commissioners be adopted, women will when diseased, be admitted into the Government hospitals in two

Recommendation
to abolish
periodical
examination.

ways; either *voluntarily*, on their own application; or *compulsorily* by a magistrate's order, if when suspected to be diseased, the suspicion is verified by a compulsory surgical examination. In either case they are to be detained compulsorily until cured, provided their cure does not occupy a period of more than three months.

1. The objections to the voluntary system as a means of preventing the spread of disease, were strongly urged before the Commission by Mr. James Lane, who has had twenty-five years' experience of it in the London Lock Hospital.

Objections to the voluntary system.

They may be summed up in his statement, that of their own accord, "the women will not come in soon enough, and will not stay in long enough." Asked whether he thought it desirable to extend the system of voluntary Lock Hospitals—he said, "for the sake of the women I think it would be very desirable, but I do not think it would be of any appreciable value in a sanitary point of view to the general public." (See Quest. 14,543.)

Mr. Bond, Surgeon to the St. George's Union, who has charge of a Lock Hospital, near Victoria Street, kept by the St. George's Guardians, and containing twenty beds, in which prostitutes of the lowest class in Westminster are received, states that the cases are of a very aggravated character; 60 per cent are constitutional syphilis. He mentions the case of a woman who had been diseased to her own knowledge a fortnight, but probably nearer two months, before she came in. Another said she had been ill for three months, and she had probably, infected every man who had had connection with her during that period. Witness has no experience of the Contagious Diseases Acts. His experience bears on the absence of the Acts. The result is to make him feel a strong desire for them. He has no faith in the voluntary system. Women will not come in till compelled by suffering. He sees no alternative but inspection. Mr. Bond also states that the majority

leave uncured, and spread disease by their own confession extensively. (See Analysis of Evidence, p. xli, and Evidence, Questions 15,010 to 15,109.)

The objection that the women will leave hospital uncured would be met under the proposed system of compulsory detention; there can be no doubt, however, that the effect of the detention being compulsory will be to delay, and in many cases to prevent altogether, the voluntary application.

Importance of
early detection
of disease.

But early detection and early treatment are of infinitely greater importance than compulsory detention, and cannot possibly be secured without a regular system of examination for all public women, for two reasons; first, that many of them are not aware when they are in a condition to communicate disease; and secondly, that most of them are too reckless of consequences, either to themselves or others, voluntarily to surrender their liberty of action, until they find themselves suffering so seriously that they can no longer obtain their living by prostitution.

Comparison of
the voluntary
and compulsory
systems.

The result of this to the women themselves is well exemplified in the London Lock Hospital, where the voluntary and compulsory systems may be seen at work side by side. The Governors of that Institution, who have all along scrupulously refrained from taking any part in the controversy on the merits of these Acts, express themselves on this point in the following terms:—

At the London
Lock Hospital.

“They feel they would be wanting in their duty to the public, if they did not express their deliberate opinion, founded on actual experience, that whatever modifications or improvements of detail may be deemed expedient for the working of the Acts in question, so as to insure, as far as possible, the consent and co-operation of different classes of the community, the main principles of these measures are

sound. They believe that the operation of the Acts has been in a high degree beneficial in preventing the spread of contagion, and in facilitating the cure of actual disease, by bringing patients under treatment at an early period. They have been greatly impressed by the contrast between the cases admitted into the hospital in the ordinary manner, and those sent under the Contagious Diseases Acts, in pursuance of an arrangement made with the Government for the purpose. They find that in the former class, the great majority of patients, from long continued neglect, are suffering from the most virulent and loathsome forms of the disease; while the latter are for the most part readily accessible to medical treatment and susceptible of a speedy and perfect recovery.”—(Report of the Lock Hospital and Asylum, 1872.)

The Rev. Alex. Lowry, Chaplain to the Hospital at Portsmouth, in which patients are now received under the Acts, but which has had voluntary Lock wards for females for the last thirteen years, stated before the Royal Commission, that formerly, some of the women were in an awfully bad state of disease, many died: women did not come in till they were in the last stage of disease. Cases occurred then that never occur now. There is a marked change at present. Disease is not nearly so severe. (See Analysis of Evidence, p. xxiii, and Evidence, Questions, 9,421 to 9,585.)

At the Portsmouth Hospital.

For the prevention of the spread of venereal disease, it would be difficult to exaggerate the importance of its early detection in public women, and this can never be attained under a voluntary system or under a “*loi des suspects*.” To say that a diseased prostitute, especially of the lower class, will communicate disease to one man for each day that she remains at large would be a very low estimate of the mischief which she occasions. An admirable illustration of the value of the periodical examination in checking disease will be found at p. 46.

Examination of women on suspicion by magistrate's order.

2. The second mode of admission to hospital under the proposed system, is by a magistrate's order, when a prostitute suspected of being diseased is found to be so, after a compulsory surgical examination. That is to say, a diseased man lays an information to the police against a certain woman, and the woman, unless she consents at once to be examined, is brought before a magistrate on this suspicion. Such a system is objectionable for a variety of reasons. It will be ineffectual because many diseased women will escape suspicion and detection altogether, many will not be suspected until they have been diseased for a long period, while others not diseased will be compulsorily examined on false suspicion.

Objections to the system.

The proposed change would appear to combine in the most complete manner all the features of the Acts of 1866 and 1869 which have been so loudly objected to, while it fails to secure their most important countervailing advantages.

It equally interferes with the liberty of the subject, for it sanctions compulsory examination and compulsory detention; but it only sanctions examination on suspicion, and thus introduces an element of probable oppression and unfairness, which is avoided under a system by which all known public women are examined alike. It thus cannot fail to be a fertile source of jealousy and dissatisfaction amongst the women themselves. In fact, it fully recognises the principle of compulsion, and perversely sanctions it at every stage of the proceedings, excepting at that one stage when, according to all the reliable evidence obtained, it has been found to be specially efficacious.

No difference on moral grounds between the two systems.

The reason alleged for this recommendation is the doubt "whether the present system could be maintained in the face of objections which on moral grounds have been raised against it." We are

quite unable to see what difference, on moral grounds, can be found between the two systems. The principle is the same in both, for in both there is provision for the compulsory examination of habitual prostitutes to ascertain the presence of disease, only in the one it is to be done occasionally and on suspicion, in the other it is applied systematically to all alike. The only logical conclusion seems to us to be that if the compulsory examination of such persons can be shewn to be immoral in its tendencies, it should be abolished altogether; but if it cannot be shewn to be immoral, and it is considered expedient to retain it, it should be retained in as complete and effectual a form as possible, on account of its admittedly great sanitary advantages.

But the question is, can the present system, according to our present knowledge, be shewn to be really objectionable on moral grounds? Its opponents maintain: 1, that to examine women to ascertain the presence of disease, and to set them free again to follow their calling if found healthy, is degrading and demoralising to the women; and 2, that to carry out such a system is to render vice easier and safer to men, and so to encourage its practice.

Present system
not morally
objectionable.

1. It is, of course, greatly to be lamented that a state of things should exist amongst us which renders interference of this kind advisable or necessary, but, in our opinion, it is infinitely better to face the notorious and inevitable fact, and to meet the necessities arising out of it, than to allow a disease, which, according to all the highest medical authorities, is bringing misery, mutilation, and death on a large number of innocent persons, and is producing a serious deteriorating effect on the health of the population, to run its course amongst us unchecked. We deny that any *reliable* evidence has been brought

Importance of
checking
disease.

forward to shew that the effect of the system on the women is really degrading or demoralising in its character, while that of an opposite character, from witnesses who speak from actual personal knowledge, appears to be overwhelming. It seems, indeed, almost absurd to argue seriously that a woman whose modesty has been so far thrown aside as to admit of her practising prostitution for gain, can have that modesty further injured, under these Acts, by an examination conducted with proper consideration and decorum by an experienced surgeon, with the assistance of a nurse. On the contrary, the necessity of regular attendance and the habits of cleanliness which it involved, the being brought in contact with and kindly treated by medical officers and nurses, have been found to engender a certain degree of self-respect and restraint even in the most abandoned, and in this way have produced a marked beneficial effect. The result of all being regularly examined is that sooner or later they are nearly all consigned to hospital for treatment (for those who escape infection for any length of time are rare exceptions), and while in hospital they are subjected to influences the effect of which has been shewn to be in the highest degree morally beneficial to them. Many have been really and permanently reformed. The great majority have been humanised and tempered down in speech and manner to an extent which would hardly be credited by those who have not witnessed it.

In support of the above statements we append some extracts from the evidence given before the Royal Commission, by clergymen of various denominations who have had practical experience of the working of the Acts. We take the *clerical* evidence by preference on the *moral* bearings of the subject, although abundant testimony to the same effect from

Opinions of the
the Clergy in
favour of the
Acts.

a variety of other sources might be adduced. We quote from the Analysis of the Evidence made for the Commission by Sir John Trelawny.

The Rev. C. H. Wilkinson, vicar of St. Andrew's, Plymouth, and previously rector of St. Thomas's, Birmingham: does not consider the Acts inconsistent with virtue or morality. He believes that their effect is to reclaim many women; and that great good is wrought among them by moral influences while in hospital. He has not much faith in voluntary hospitals and does not believe that this great evil could be dealt with effectually except by Act of Parliament. (See Analysis, p. xiv; and Evidence, Questions 5,190 to 5,449.)

Rev. C. H.
Wilkinson,
Plymouth.

The Rev. Henry Everett, rector of St. John's, Devonport, considers the Acts favourable to religion and morality, and believes them instrumental in reclaiming women. In the Royal Albert Hospital he had seen much of the women in the wards, and always endeavoured to persuade them when discharged to go into homes. They were often willing to go, but some who were willing and seemed penitent, did not remain there. An immense number, he should say half, were undoubtedly reformed, some go to service, an astonishing number get married. (See Analysis, p. xiv; and Evidence, Questions 5,450 to 5,775.)

Rev. H. Everett,
Devonport.

The Rev. Joseph Gregson, minister of a Baptist Chapel, Portsmouth, secretary of the Town Mission, and member of the Committee of the Portsmouth Home, has endeavoured to reclaim women by midnight meetings, but in consequence of the hold which the brothel-keepers have over them, has found it much easier to reclaim women from the Lock wards than from the streets. States that the Acts have diminished prostitution. Girls reclaimed by the Mission women say constantly that but for the Lock wards they should never have changed their lives. The Acts deter from prostitution through fear of coming under the surveillance of the police. Thinks it the duty of the State to interfere to prevent the spread of disease. The evil has not

Rev. J. Gregson,
Portsmouth,
Baptist.

been dealt with effectually by voluntary effort. If the compulsory clauses were abolished, does not believe women would come voluntarily for treatment. They would not remain until cured unless compelled. (See Analysis, p. xxiv. Evidence, 9,586 to 9,817.)

Rev. R. Hardy,
Aldershott,
Wesleyan.

The Rev. R. Hardy, Wesleyan Minister at Aldershott, is much impressed with the influence brought to bear on the women in hospital, and considers the mode in which the Acts are worked makes the hospital a great reformatory. In the past year 56 women have been sent to homes, and 144 to friends. (See Analysis, p. xxxviii, and Evidence, questions 14,056 to 14,150.)

Rev. Canon
Puckle, Dover.

The Rev. Canon Puckle, incumbent of St. Mary's, Dover; does not think the periodical examination has a tendency to harden women except in a very few cases. Does not think the women consider their calling sanctioned by the Act. (See Analysis, p. xliv, and Evidence, Questions 15,383 to 15,618.)

Rev. Mr. Fraser,
Maidstone.

The Rev. Mr. Fraser, chaplain to Maidstone Gaol stated that 31 women had been sent to the Gaol for refusing to be examined; 19 of these came from Canterbury. These, without exception, said that they were put up to refuse to obey the Acts, and blamed their instigators accordingly. They say the ladies go into their houses and advise them to club together and not to obey the law, and say that in time the Act will be altered. The women did not express any personal dislike to examination. He never found a girl who objected to the Acts. He does not think examination has a hardening effect on them. He thinks the women are grateful for the Acts and for the care taken of them. Does not think they enter into the question whether the State recognises prostitution. The women in consequence of the Acts are brought into contact with benevolent persons who give them good advice. When first the Acts came into operation, witness, like most clergymen, objected to them very strongly. His experience of them has changed his opinion, which is now strongly in their favour. 25 women were sent to homes from Maidstone in the last year. See

Analysis, p. xlv, and Evidence, Questions 15,619 to 15,729.)

The Rev. Mr. Maguire, Roman Catholic Priest at Cork, has a list of 46 women who have been reclaimed, simply because the clergymen and the nuns have now access to them, whereas, formerly, they could never approach them. The Catholic Clergy in Cork regard the act as the greatest possible boon, for it has brought these women within the reach of their influence in hospital, and will enable them to save more than they have ever done before. He does not believe the effect of the examination under the Act is to harden the women or to produce immorality. (See Analysis, p. lv; and Evidence, Questions 18,765 to 18,928.)

Rev. Mr.
Magnire, Cork,
Roman Catholic.

Mr. Sloggett, the Inspector of certified hospitals, in a letter to the Under Secretary of State for War, dated March 29, 1871, after a visit of inspection to the London Lock Hospital and Asylum, states, with reference to the latter, "I have examined the records of the last four years, inquiring carefully into the past, and as far as possible, into the present history and position of every patient admitted into the Asylum during that period. . . . 157 women have been received into the Asylum during that period from the Government wards, and 140 from the voluntary wards; of the former 35 have been sent into domestic service, and 25 have been restored to their friends; of the voluntary patients 38 have gone into service, and 25 have returned to their friends; of the Government patients, seven have been dismissed for misconduct; of the voluntary patients six have been discharged for the same reason. During the last year, three of the Government patients have received rewards from the hospital authorities for good conduct, and for having remained more than one year in their situations, and one woman has been already two years and a half in one place. The matron also bore her willing testimony to the improvement she has remarked in the conduct of the women during the last twelve months. These facts, prove most satisfactorily that these women are not rendered brutalised or degraded by

Mr. Sloggett on
the reformatory
results of the
Acts.

the operation of the Acts." (See Appendix to the Report of the Royal Commission, p. 837.)

Matron of Lock Asylum on the same.

Mr. J. Lane states in his evidence (see question 14542) that the matron of this asylum "likes the Government patients better than the voluntary ones. They do better in the asylum because they are for the most part young; and another reason why they do better is because they are in more vigorous health as a rule. A great number of patients who go through the ordinary wards are in a broken down and bad state of health through long continued disease."

Rev. Prebendary Macdonald on the same.

In addition to the above statements taken from the Report of the Royal Commission, we quote the opinion of the Rev. Prebendary Macdonald, Chaplain to the London Lock Hospital, "that many young persons, in several cases *very young*, have, during the past year (1871) been brought under moral and religious influence in that Institution at a very early stage of a sinful life, and have been reclaimed; and these persons but for the Contagious Diseases Acts, would have been allowed to pursue their evil courses to a miserable and hopeless end." (See Report of the Lock Hospital and Asylum, 1872.)

Matron of the Kildare Lock Hospital on the improved demeanour of the women.

In a short and very interesting pamphlet now in the press, written by the Matron of the Lock Hospital at Kildare, near the Curragh, she describes very graphically the "wrens," as they were when first admitted into the hospital, and the "wrens" as they are now. Speaking of the Lock Hospital, she says, "Here the wrens were compelled to enter, carrying with them, in addition to nameless diseases, their own peculiar manners and a determination to adhere as far as possible to their own custom. Obedience to rule, cleanliness, order, respectful behaviour, employment, all that is comprised in civilised habits, especially in public institutions, was step by step fought against by these women."

"Any kind of work was felt to be a grievous hardship, nay, the fact of a roof over their heads with all its comfortable internal accompaniments, was a novel and unpleasant restraint."

“By degrees these women have been educated into something like order. They have ceased to curse or use any bad language except under the influence of passion, now happily more rare, they are all learning the decencies of life in manner and appearance, and as a rule obey the regulations fairly. They have learned to knit and to sew and do it well, in some instances these were only forgotten arts, but the majority were obliged to be taught the rudiments, and on the whole took to it patiently enough.”

At the Kildare Lock Hospital, during the quarter ending September 30th, 1871, the following amount of work was done by the inmates, the average number 19, a large number of whom had learnt to sew and to knit during their residence in the hospital.

Industrial habits encouraged.

42 cotton dresses, 40 night dresses, 80 flannel petticoats, 40 outside linsey petticoats, 80 inside garments, 16 pairs of cotton stockings knitted, also general repairs of old clothing.

At Devonport, Chatham, and Cork, schools have been established in the Lock Hospitals, and the elements of reading and writing are taught to those of the inmates who desire to learn or to improve themselves; at Chatham, the lady superintendent has been fortunate enough to secure the assistance of some of the ladies residing in the neighbourhood to assist her twice a week in the schools. At Devonport and at Chatham also, a ward has been appropriated for use as a chapel, and is tastefully fitted up, the services being conducted with very proper order, and the chaplains assert that few congregations in any church attend more earnestly or shew greater apparent interest in the services.

Schools established in the Lock Hospitals.

The most remarkable diminution in *numbers* has taken place, almost without exception, wherever the Acts are put in force. The table on page 778 of the Commission's Evidence illustrates this most incontestably. The number of common women known to be living in the several districts when the Acts were first enforced was altogether 4,852; these were, on December 31, 1870, 2,650 or about half less.

Diminished number of prostitutes in districts under the Acts.

With regard to their reformation; on page 817 of the Evidence is another table showing that less than ten per cent. (9.93) have returned to prostitution of 2,095 women whose names have been erased from the register at Devonport between the 1st April, 1865, and the 28th January, 1871. That is, 2,671 had been put on the register, 2,095 had been removed, 740 simply because they quitted the district, 191 because they married, 243 because they entered homes, 883 because they were restored to friends. Thus 2,095 were removed, and of them it is known that only 208 have relapsed into prostitution in Devonport district or elsewhere.

These statistics have been met, not by proof, but by simple denial,* and by the assertion that the prostitutes under the present system practise their trade clandestinely, instead of openly as before. But this allegation is utterly opposed to all evidence. It is notorious that the young women, who recruit the ranks of prostitutes—those who frequent dancing saloons, singing halls and the like, have in the districts under the Acts ceased to do so to a very large extent, and are thus preserved from dangers to which they were exposed. Again, the class of clandestine prostitutes has an intimate and constant relation with the open prostitute class, and she who begins in the first soon merges into the second. Still more, a place of resort is essential to all habitual prostitutes, clandestine as well as avowed, but we find that the operation of the Acts most seriously interferes with the existence of these places of resort. The Acts provide a machinery that is constantly attracting attention to these places, thereby affording means for bringing them within the scope of legal proceedings, and it ceases to be profitable to their owners to keep such places open. In the three

Unfounded
assertions that
clandestine
prostitution has
increased.

* See Commission's Evidence, p. 97, q. 3176.

towns of Plymouth, Devonport, and Stonehouse, there were 356 houses of ill-fame in December, 1868. In December, 1870, they had fallen to 121.*

Another important moral effect of the Acts is their deterrent influence in preventing the quasi-respectable and the young and thoughtless from being drawn into the ranks of open prostitution. There is abundant evidence in the Report of the Commission that the number of very young prostitutes has been much lessened, and that many have been prevented from becoming prostitutes by timely advice from the police, or by the fear of the loss of character attendant upon their being brought under the operation of the Acts.

Deterrent effects of the Acts.

The following question and answer exemplify this.

Q. "Do I understand you to say that respectable women who might, were there no such system at work, thoughtlessly fall into vice, are restrained from doing so by the reflection that it might involve them in a system of examination and so forth, from which respectable women looking forward to it might be disposed to shrink?"

Evidence of Superintendent Wakeford on,

A. "That is entirely the case; and in addition to that I may mention that women going to brothels for the first time, and being met there by the police, often very young and inexperienced girls, there is an opportunity afforded of their being cautioned as to the nature of the place they are in, and the consequences which will attend it, and of their being advised to return to the situations which perhaps they have left, or to the places from which they have come, to secure themselves against going on to become what they must if they remain there; which has a great deterring effect in preventing the ranks of prostitutes from being recruited." (Evidence of Superintendent Wakeford, Quest. 357.)

In a letter written by Lieut.-General Sir Edward

Sir E. Lugard of

Lugard to the Secretary of the Royal Commission, by

* See Commission's Evidence, p. 786

direction of Mr. Cardwell, he says, "I am to state that it is one of the recognised duties of the police to do all that lies in their power to induce young girls to return to their friends before placing their names on the register, and I am to point out that this agency in repressing prostitution has entirely arisen through the operation of the Contagious Diseases Acts" (see Appendix D., p. 837).

Matron of
Chatham Lock
Hospital on.

The matron of the Chatham Lock Hospital, in a letter to Mr. Sloggett, relates the case of a poor girl, æt. 17, who was found by the Inspector in the "Ship," one of the brothels of that town. The girl said she had done no wrong, and did not intend, and this was corroborated by all in the house. She had been in service, and took small-pox; being an orphan she was sent to the Union, and, when well, was discharged, and not knowing where to turn, went into the "Ship," where she found shelter for the night. The Inspector procured her admission into the Chatham Refuge. After one night's lodging they sent her off because she had *not sinned*. She was afterwards received into a house of charity, under the Vicar of St. Peter's. The matron observes that, "the Inspector, working under the Contagious Diseases Acts, was the means of saving that poor girl (which the enemies of it loudly declare is not done), while the Refuge, *in effect*, bade her go and sin, and then we will receive you." (Appendix, p. 837.)

Metropolitan
Police returns,
illustrating
deterrent and
reclamatory
effects of the
Acts.

Some very remarkable returns have just been issued by the Metropolitan police, on the progress of these Acts, illustrating their preventive and reclamatory influence. In the Plymouth and Devonport district in the year 1871, no less than 58 girls between 13 and 21 years old, found in houses of ill-fame, were restored to their friends by the voluntary exertions of the police, without being in any way subjected to the operation of the Acts; 69 others of similar ages were also restored to their friends or placed in asylums on leaving hospital when cured. When the Acts are first put in operation in a district

the number of these young creatures is very large, but they rapidly become few and in a short time almost disappear. In April, 1865, the Plymouth and Devonport district had 109 under 15, and 207 under 17 years of age, but on the 31st of December last, there was not one under 15, and only one under 17 years old. The daily visitation of houses of ill-fame by the police not only affords a ready means of escape to those who have the least desire to quit their mode of life, but it further prevents the keepers of these resorts from encouraging young women to frequent them. Indeed, through the efforts of this sanitary police a woman was convicted at the last Devon Assizes, and sentenced to twelve months' imprisonment for having decoyed a child of 13 from her mother's house for immoral purposes. Besides rescuing the young, the total number of young and old has been very greatly diminished. There were 1,770 of these persons on the 1st of April, 1865; there were on the 31st of December, 1871, 503. These official figures satisfactorily show that a higher purpose than even the limitation of disease is accomplished by the Acts. A most efficient machinery operates continually for the reclamation of the fallen in a manner that no voluntary organization unaided by the authority of the law can hope to equal. We print these tables in the Appendix to this Report.

2. The second objection, on moral grounds, to which we have alluded is, that enactments to preserve the health of public women render the practice of immorality easier and safer to the opposite sex, and thus encourage its practice.

Objection that the Acts are an encouragement to vice.

We would remark, in passing, that those who urge this as one of the prominent reasons for their opposition to the Acts, urge with equal vehemence the

Inconsistency of the objections made by opponents of the Acts.

entirely inconsistent objection, that legislation of this kind is always ineffectual in attaining its object, and that in this country, as well as abroad, disease is greatly increased wherever such enactments are in force. And we would also draw attention to the fact, that if the voluntary system, which they so strongly advocate as a substitute for legislative interference, could be carried out on a sufficiently large scale, and should prove as successful as they anticipate, they would have themselves attained, in another way, the very result which they so strongly deprecate. They would equally have rendered vice easier and safer to men by diminishing its risk.

Evidence that
the Acts do not
encourage vice.

There is, however, a superabundance of evidence in the Report of the Royal Commission, showing that the reverse of this has been really the case. It has been proved, conclusively, that the number of public women in the subjected districts has uniformly diminished; that they are more decorous in their manner in public; that open solicitation in the streets has been materially checked. Instances, it is true, have been alleged of men being attracted to garrison towns for the purpose of fornication, on account of the supposed safety, and this we admit may possibly have occurred, though not on any large scale. There will always be profligates in the community who will deliberately seek opportunities for indulgence, and who will never have much difficulty in finding them either under this or any other system, but the morality of such persons, if it could practically be secured, is of very little value, and does not deserve to weigh for a moment against the great advantage of lessening the open incentives to immorality so abundantly present in all large towns, and especially in keeping such temptations out of the way of young and inexperienced persons.

Opinions of the
Clergy.

In support of our opinions on this part of the

question, we will again give extracts from the evidence tendered by the clergy.

The Rev. C. H. Wilkinson, now Vicar of St. Andrews, Plymouth, but formerly of Birmingham, whom we have already quoted, contrasts the condition of these two towns. He was surprised at the orderly and decent state of Plymouth, very different from Birmingham. Was repeatedly solicited by women at Birmingham while walking quietly through the streets in his clerical dress. He has never experienced any annoyance at Plymouth of the sort. You would scarcely know the women in the streets were prostitutes, but for the hour of the night. He considers the absence of solicitation in the streets a great gain. Much vice of this kind arises from public solicitation. (See Analysis, p. xiv; Evidence, Questions 5,190 to 5,449.)

Rev. C. H.
Wilkinson,
Plymouth.

The Rev. Henry Everett, of St. John's Devonport, was brought much into contact with the lower classes in that town. The condition of the population was, in his judgment, but little amended, *except that the* conduct of women was improved, and the streets much more orderly. (See Analysis, p. xiv; Evidence 5,450 to 5,775.)

Rev. H. Everett,
Devonport.

The Rev. Canon Puckle, of St. Mary's, Dover, states that the Archbishop of Canterbury concurred with him in obtaining from Lord Northbrook the extension of the Act to Dover. Since the introduction of the Acts, the condition of the town is remarkably improved. Witness formerly found it scarcely possible to walk down a public street at Dover at night himself, and dared not send any other persons of his family to the post. Solicitation was rampant. It is now reduced to nothing. There is no annoyance in the streets at present. The impression of the majority of persons in the town is, that the Acts have been of enormous benefit. The majority of the clergy of the diocese are favourable to the Acts; but some object on the ground that they countenance sin. Witness credits the Acts with the improvement of Dover. He does not attribute it to the action of the magistrates in closing beer-houses, &c.

Rev. Canon
Puckle, Dover.

(See Analysis, p. xliii; Evidence, Questions 15,383 to 15,618.)

Rev. Mr.
Maguire, Cork,
Roman Catholic.

The Rev. Mr. Maguire, Roman Catholic Priest at Cork, says, there has been a marked improvement in the conduct of these women within the last year and a-half. Formerly the condition of the streets was indescribably bad. He attributes this change to the operation of the Acts. He does not think the Acts have led to greater immorality among men from the sense of safety. Not above one man in a hundred is deterred by fear of infection. (See Analysis, p. lv, and Evidence, 18,765 to 18,928.)

Seven
Commissioners
dissentient.

We will conclude this part of the subject by quoting some of the Reasons for dissenting from the proposal to abolish periodical examination and to return to the Act of 1864, which are appended to the Report, and are signed by seven of the Commissioners, viz., by Sir J. Pakington, Lord Hardinge, Sir J. Trelawny, Drs. Paget and Wilks, and Messrs. G. W. Hastings and T. Holmes.

Reasons for
their dissent.

“ We think the Act of 1864 is open to the serious objection, amongst others, that it gives discretionary powers to the police to lodge an information against any prostitute they ‘have good cause to believe’ is diseased. This is a dangerous power. The police might in some instances be over-zealous and active, in which case complaint and dissatisfaction would arise; or, probably, more often they would be so cautious and careful as to whom they would accuse, that little effect would be produced, and a great majority of cases of disease would escape detection.”

“ We have, for these reasons, been irresistibly led to the conclusion that it is only under a system of periodical examination that venereal disease can be speedily detected and effectively checked, or police be safely entrusted with duties which must be admitted to be under the most favourable circumstances, of a difficult and delicate nature, requiring every safeguard which prudence can suggest.”

“ We feel justified in saying that every attempt

to shew that the physical results of the Act of 1864 were satisfactory and sufficient, or that they can be compared to those of the Acts of 1866 and 1869, during their short period of action, have failed."

"The medical witnesses experienced in the administration of the Acts are nearly all agreed that the periodical examination of the public women is essential to the system."

"This is the view, it should be observed, of those medical witnesses who have had special opportunities and experience, and we cannot admit that the impressions or prejudices of those who have had no experience in the administration of the Acts are for a moment to be weighed against such evidence."

"We recapitulate the good moral effects which these calumniated Acts have produced, and which in our opinion far outweigh any moral objections which have been or can be alleged against them."

A. "Religious and moral influence has been brought to bear upon large numbers of women, a great portion of whom had been from infancy familiar only with scenes of debauchery and vice."

B. "Towns and camps have been cleared, or nearly so, of the miserable creatures who were formerly to be found in their streets and thoroughfares."

C. "A considerable number of abandoned women have been reclaimed and restored to respectable life, and in many instances married."

D. "The number of loose women has been greatly reduced, and those who remain have been rendered more decent and decorous in appearance and conduct."

E. "The practice of clandestine prostitution, which too often degenerates into professional vice, has been materially checked by fear of the consequences of such indulgence which are rendered probable under these Acts."

F. "The sad spectacle of juvenile prostitutes of tender age, so rife in such localities heretofore, has been greatly diminished, in some instances almost removed."

G. "The temptations by which young men of all classes have been hitherto assailed, have been to

a great extent taken out of their way, and morality has been thus promoted."

The dissentients further say; "we cannot consent to make ourselves parties to a view of this most important question, which in our judgment falls short of the truth, the sound policy, and the necessity of the case."

"We see no adequate reason why we should yield to a clamour which we do not believe to be well-founded or deep-seated, which we believe to have been for the most part artificially excited by means, the discreditable character of which has been stigmatised with just severity in the foregoing pages" (of the Report of the Commission) "and which we may reasonably hope will be silenced by the force of facts."

"We are of opinion that the total repeal of these Acts would be disastrous."

"We object to attempting a compromise which would probably be unsuccessful, by retreating on an imperfect measure discredited by grave and obvious faults, and we desire to see the Acts of 1866 and 1869, maintained in substance and in principle."

ALLEGED WRONGFUL ACCUSATION OF MODEST WOMEN, AND OF THE ILLEGAL OPPRESSION OF PROSTITUTES BY THE POLICE IN THE ADMINISTRATION OF THE ACTS.

In our last Report, issued in 1870, these branches of the question were discussed at considerable length, and it was shewn, we think conclusively, that there was abundant provision in the Acts to guard against any such abuses, and that in the instances of oppression which had been brought forward, there was not one which had not signally broken down when put to the test of an impartial investigation.

By way of supplement to what we then stated, and to show what careful provision has been made to prevent all possibility of unfairness or oppression in the administration of the Acts, we quote the evidence given by Mr. Superintendent Wakeford, who has the supervision of the police appointed to carry out the Contagious Diseases Acts at Devonport and Plymouth.

Precautions
adopted to guard
against
unfairness or
oppression.

“The police definition of a common prostitute is a woman that we have several concurrent proofs is a prostitute; not one particular proof, but several concurrent proofs to the same effect. Residence in a brothel is one test of prostitution. Solicitation in the streets is another. A third is, frequenting places where prostitutes resort. Another is, being informed against by men of the army and navy, as having communicated disease. The last proof is the woman's own personal admission of the fact. The police never proceed in the steps to be taken with prostitutes until they are certain from one or more proofs that there is no mistake that the woman is a prostitute.”—(See Analysis, p. i, and Evidence, Questions 43 to 51.)

Evidence of
Superintendent
Wakeford.

In a letter by Mr. W. H. Sloggett, Inspector of Certified Hospitals, written at the request of the Secretary of State for War, to meet some of the objections made by the opponents of the Acts, he states, “The constables employed are all specially selected from out of the whole body of metropolitan police for their supposed fitness for these duties; they are, I believe, all married, and are certainly all men of tried and unexceptionable character.”

Instructions to
police constables.

“Any dereliction of duty would be severely punished; a man found wanting in those qualities necessary to insure, as far as possible, the successful working of the Acts in his districts, although not really culpable, would be in all likelihood removed, and his place filled by some other more specially fitted for the duties.”

“I have always pointed out to them the propriety of adopting as a rule, for their conduct in reference to women whom they believe to be prostitutes, that

they are not to give notice to any woman, except on such proof from their own observation and knowledge of her being a common prostitute, that they can, if required, substantiate the fact before a magistrate. A private constable is not of himself to give notice to any woman; he must first submit the case to his Inspector, who will judge whether she properly comes under the provisions of the Act; in this case the latter will give her a verbal notice to appear before the Visiting Surgeon. Before the examination can be made, she must sign the voluntary subscription required by the Act, which is virtually acknowledging herself to be a common prostitute."

"This is at all times carefully read over and explained to her by the Inspector of Police, who must countersign the subscription, a private constable having no legal authority to do so."

"These preliminaries having been duly observed, the woman is conducted by the attendant nurse into the examining-room to the visiting surgeon."

"The latter inquires into her case, and assures himself that she is really a prostitute before examining her. See Arts. 1, 6, and 7 of "Visiting Surgeons' Instructions."

Article 1. "The successful working of the Contagious Diseases Acts will materially depend on the care, tact, and judgment with which the duties of the visiting surgeon are performed, and the extent to which he may succeed in obtaining the good will and confidence of the women coming before him for examination; he will impress on them that his sole desire is to benefit them, and his firm determination to protect them from oppression, and aid them if desirous to reform; and he will, on all suitable occasions, specially call their attention to the 9th section of the Act of 1869, which enables him to relieve them from periodical examination on satisfactory evidence of their having ceased to be prostitutes."

Article 6. "On the first appearance of every woman for examination, the visiting surgeon will make sufficient inquiry of herself and others into her history, so as to assure himself that she is liable to the provisions of the Act, and this notwithstanding she may have previously signed the voluntary submission

certificate required under clause 17 of the 'Contagious Diseases Act, 1866.'"

Article 7. "Every examination is to take place in the presence of a female attendant or nurse, and it is to be completed with as much regard to delicacy, and the feelings of the woman examined as in any case of private practice. No other person than the female attendant or nurse is to be present."

We have given the above quotations because we believe it to be of the utmost importance that the public should be correctly informed with regard to the question of possible or probable oppression and abuse of power by the police, for it is by the constant reiteration of unfounded stories of oppression and false accusation, in the press and on the platform, that the opponents of these Acts have succeeded in raising so strong a feeling against them in the minds of uninstructed and credulous persons. Numerous cases of this kind were brought before the Royal Commission, but it will be sufficient for our purpose to quote one of them (*ex uno disce omnes*) as a specimen of the way in which this agitation has been carried on. The following is from the evidence of Mr. Sloggett.

Unfounded
allegations of
oppression.

"4,149 (Chairman). You are aware that a complaint was made by Mrs. Josephine Butler, the wife of a clergyman in Liverpool, as to gross oppression having been practised in the case of the girl Hagar? Yes.

Case of Mary
Hagar.
Mr. Sloggett's
evidence.

"4,151. The inquiry resulted in the satisfaction of the Secretary of State, that there was no ground for the statement which Mrs. Butler had been induced to make?—Yes.

"4,152—4,163. Did you personally inquire into that case?—I personally conducted the inquiry, having been ordered by the Secretary of War to do so. Mrs. Butler had written, stating that an innocent girl, sent out on an errand, had been taken by the police to the examination room, had been there ex-

amined by the Visiting Surgeon, and then sent to hospital; and that this girl having applied for permission to communicate with her friends had been refused permission to do so. . . . I went to the Lock Hospital and examined twelve or thirteen women in reference to this girl, and nearly all those women testified to the fact of her prostitution. They all testified to the fact that she made no complaint of oppression on the part of the police, or that she had not been permitted to communicate with her friends. I went to Canterbury, and on examining the Visiting Surgeon's book, I found this girl had been examined the previous week, and had received notice to re-appear that day; the Surgeon had then found her diseased, and had ordered her to go to the hospital. The constable's wife, who was the woman in the examination-room, heard her say to one of the girls, 'Oh, mother will know of it fast enough.' I sent the constable to her, and said to him, 'Go and see this girl, and tell her, if she has any complaint to make whatever, I do not wish to examine her, but if she will come to me and make me any complaint on any subject whatever, I will be very glad to listen to her.' I think the message brought back was, that if I wanted to see her I might go to her. She said to the policeman she would see him d—d first. I called at the 'Brewer's Delight,' which is a low public-house in Canterbury, a notorious brothel; I saw the landlady, and asked her opinion in reference to the character of Mary Hagar, and her reply was 'What, Sir? she is the same as all the other girls who come here; she lived in my house for some time, and I knew very well she was diseased, and I would not allow her to stay any longer here, because I was not going to get my men who came to my house laid up by her.' I may further state that in going round Canterbury, the policeman pointed out to me this girl; she was sitting on the door step of a low public-house, only half-clad, dirty, and, to all appearances, being a prostitute of a low kind.

"4,164. Then if this young woman is described in these terms 'a nice innocent looking girl of 18 years,' you would not agree in that description?—

Her appearance was that of a low prostitute, dirty, and badly dressed, sitting on the door step of a low public-house in the middle of the day.

Case of
Mary Hagar.

"4,156. The Mayor of Canterbury knew of no facts at all, either in reference to this case or in reference to any other case of supposed oppression or misconduct on the part of the police. . . . From Mr. Heritage, a Baptist Minister, although I was with him for two hours and a half, with the exception of vague accusations made against the conduct of the police, I could get no fact whatever."

Extract from Mrs. BUTLER'S Evidence.

"12,905. (Chairman). You have mentioned various cases in your public addresses of oppression by the police in carrying these Acts into execution, and you addressed a letter to the Secretary of State for War, with reference to the case of a girl of the name of Hagar?—I have some recollection of it. I took no notes at all. I remember the letter perfectly. I recollect the girl and her mother calling on me. I stated to Mr. Cardwell, on the word of the mother and child, what they had told me in what I considered a private letter.

Mrs. Butler's
evidence
respecting
Mary Hagar.

"12,908. In that case you made a charge of gross misconduct on the part of the police?—Quite so; but I made the fullest explanation to Mr. Cardwell, and he was satisfied.

"12,909. Are you satisfied now you were entirely mistaken?—I am not satisfied that I was entirely mistaken. I had the evidence of Mr. and Mrs. Heritage. I reported it on their authority and on the authority of the mother and girl.

"12,910. You stated, on the evidence of this girl and her mother only, that you made certain statements, which statements you reported to the Secretary of State. The Secretary of State, considering the officers charged in the execution of this duty had been inculpated, did that which I believe, in the opinion of this Commission, he had no alternative but to do, namely, ordered an inquiry to be instituted. That inquiry was undertaken by the Inspector of Certified Hospitals, the official whose duty it was to

investigate such cases, and he came to the conclusion that there was not one word of truth in what the woman and girl told you?—Very well.

“12911. Then you do not believe Mr. Sloggett, but you believe the woman and the girl? I believe the woman and the girl in preference to Mr. Sloggett.

“12,912. Are you aware of the nature of the evidence on which Mr. Sloggett arrived at the conclusion on which he reported to the Secretary of State?—I cannot now state it.

“12,913. Then not knowing the nature of the evidence on which Mr. Sloggett reported to the Secretary of State, you are still disposed to believe the woman and the girl?—I am.”

The cases of Hagar and others have been frequently referred to by Mrs. Butler in her speeches at public meetings.

Such are the tales which have been circulated all over the country, and related with highly sensational colouring before mixed audiences of men and women, boys and girls, knowing nothing whatever of the subject, excepting what they were told by the speakers. Such are the means by which the passing of so many resolutions condemnatory of the Acts has been secured at public meetings, and the numerous signatures to Parliamentary petitions have been obtained.

The Royal Commission inquired into a great number of cases of alleged oppression similar in character to that which we have quoted, and those who wish for further information on the subject will find it, *ad nauseam*, in the published evidence.*

The Royal Commissioners have expressed their *unanimous* opinion on this part of the subject in clause 23 of their Report, to which we do not con-

* In the elaborate and careful index to the evidence of the Commission, under the head of “Cases,” will be found the names of a number of persons whose cases were inquired into, with references to the numbers of the questions relating to each.

Signatures to petitions obtained by false stories of oppression.

Unanimous opinion of the Commission that charges against the police are unfounded.

sider it necessary to add a single word. It is as follows:—

“Among the means adopted by the opponents of the Acts to bring them into public odium, have been charges of misconduct or gross negligence on the part of the police in putting the law in force against common prostitutes. Cases have been brought forward in publications and speeches at public meetings not only of cruel insults offered to innocent women through the agency of the Acts, but of repeated wrongs to the unhappy women who have been or are subjected to them. We have made inquiry into every case in which names and details were given. We have requested the persons who have publicly made these statements to substantiate them. In some instances the persons thus challenged have refused to come forward; in others, the explanations have been hearsay, or more or less frivolous. The result of our inquiries has been to satisfy us that the police are not chargeable with any abuse of their authority, and that they have hitherto discharged a novel and difficult duty with moderation and caution. Even if it had been proved that they had in some instances made mistakes, or exceeded their duty, such errors might have rendered it necessary to make provision for the more careful administration of the Acts, but would have been no valid argument for their repeal. The charges thus rashly made and repeated have contributed much to excite public indignation against these enactments.”

PREVALENCE OF “CONTAGIOUS DISEASES,” AND THE INFLUENCE OF THE CONTAGIOUS DISEASES ACTS IN CAUSING THEIR DIMINUTION.

THE disorders, the diminution of which is the object of the Contagious Diseases Acts, are:—

Varieties of disease.

1. Gonorrhœa, which, though often a trifling ailment, frequently occasions much suffering; it may

Gonorrhœa.

cause barrenness in both sexes; in men, through producing stricture, it may entail organic disease that, in many cases, besides crippling the individual, sooner or later destroys him. The medical profession is well agreed on this matter.

Contagious
sores.

2. The next form is the contagious sore, which when local, rarely endangers life, though in some cases, and especially if neglected, it is attended with serious and painful complications, and even permanent mutilation. The contagious sore, however, derives its chief importance from the impossibility of foretelling *with certainty*, from its appearance, whether or not it will be followed by constitutional disease. For this reason all contagious ulcers are termed *Primary Syphilis* in the official reports, consequently under this head both the first manifestation of the constitutional disease and the purely local sore are included, a classification that must be borne in mind when estimating the effect of the Acts in reducing the extent of true syphilis.

Secondary
syphilis.

3. The last disease of the group is that which concerns us most nearly. Constitutional or Secondary Syphilis, the malady in question, is one of the gravest of human diseases, which by its tedious course keeps many of its victims long disabled, by its tendency to attack organs essential to life causes death; and by the faculty of passing from parent to offspring, influences most materially, even when the patient survives, the development of the individual attacked.

Any forms
internal
disease now
known to be
caused by
syphilis which
are not formerly
ascribed to it.

Any endeavour to ascertain the amount of loss to society from these three diseases, or even their mortality among the civil population, is extremely difficult, and an exact one impossible. Because, in the first place, the knowledge of the internal diseases that may be the consequences of syphilis, is comparatively modern. In the next place, pathologists are still increasing the proportion of those oft-occurring

forms of brain disease, liver disease, heart and lung disease, and kidney disease, which are set in action by syphilitic infection. It is thus indubitable that much mortality and much disabling sickness due to syphilis are not so registered, but are still attributed to other causes. Whence it follows that as this more accurate pathology becomes the current knowledge of the medical profession, the number of deaths assigned to syphilis rapidly increases; for the proportion of deaths ascribed to syphilis in the ten years 1857-66 has risen from 50 per million of population to 75 per million. Nevertheless, while improved diagnosis has increased the registered number of deaths from syphilis, it is fair to believe that the actual proportion of mortality has also augmented, because the facilities for propagating syphilis through the growth of large towns, and of intercommunication between localities, are greater than formerly.

In our former reports we entered at some length into the statistics of this part of the question, but we think it necessary again to refer to the investigations made by order of the Medical Officer of the Privy Council, on which he founds the opinion (much relied on by our opponents) that the extent of these contagious disorders has been greatly exaggerated.

In the Appendix to his eleventh Report there is a statistical summary of the number of sick persons seen by official inspectors at a few general hospitals and dispensaries of the metropolis, during periods varying from one day to one week, with the object of getting some notion of the proportion of this to other kinds of sickness treated gratuitously in London.

At the charitable institutions visited, 10,220 persons of all ages were seen, of these 902 had some form of these diseases, and of these again 467 had true syphilis, 39 being children with inherited disease,

Investigations
of the medical
officer of the
Privy Council
into the amount
of contagious
disease.

and 251, or 53 per cent., of the syphilitic patients being adult males.

Amount of
disease under-
estimated by the
Privy Council
observers.

In attempting to estimate the number of "contagious" patients of the metropolis, the medical officer of the Privy Council considers that during their few days' investigation, one-fourth of the sick who applied for relief at the charitable institutions of London in that period came under the observation of his deputies; but as no account was taken of Guy's Hospital, nor of the Dreadnought Hospital, nor of the male out-patients of the Lock Hospital, and other institutions having a particularly large number of such patients, there can be little doubt that the estimate that one-fourth of the "contagious" patients of London were seen, is calculated on insufficient data. Again, when endeavouring to get at the total number of cases of sickness annually relieved by the charitable institutions, the reporter to the Privy Council is obliged to acknowledge "that in many instances no "returns are kept, in others, there is no attempt at "accuracy, while at many institutions there is a tendency to greatly overstate the amount of work "done." For these reasons we must accept with much reserve the estimates drawn up by the Medical Officer of the Privy Council from the data he collected, namely, "that only about 7 per cent. of the "sick poor are suffering from venereal disease of "any kind, and only about half this proportion from "true syphilis."*

But let us admit, for the sake of argument, that only $3\frac{1}{2}$ per cent. of the total sickness of the metropolis is in the form of true syphilis; then taking the calculation of the Medical Officer to the Privy Council, that 1,500,000 persons are annually treated gratuitously in the metropolis, we have 52,500 persons yearly suffering from a disease that,

* Eleventh report of the Medical Officer to the Privy Council, p. 15

unlike other diseases, maintains its contagious condition for months, and in some instances for years, in the sufferer. Moreover, as 53 per cent. of the syphilitic patients seen were adult males, we get 28,000 of the male working population of London alone in every year more or less hindered from earning their bread by syphilis.

These calculations do not include that portion of those sick with "contagious diseases," which is either treated by regular practitioners, by druggists, or by quacks, or which has no treatment at all—a very numerous class. Though until completely disabled, such patients do not usually receive treatment from poor law medical officers, those who ultimately come to burden the ratepayers are by no means an insignificant number. In the three years 1862–64, 147 male and 669 female patients with these diseases were treated in the workhouses of the three contiguous towns of Plymouth, Devonport, and Stonehouse. After the Acts were put in force there, viz.: in 1868–9–70, only 47 males and 120 females were admitted for these diseases into the same institutions.* In the Portsea Island union, comprising Portsmouth, the numbers admitted in 1862–3–4, were 52, 55, and 49. In 1867–68–69 were 35, 56, and 32.† Again, the Medical Officer of the Privy Council tells us that of the sick inmates of St. Pancras and Lambeth workhouse infirmaries, *i.e.*, of those supported by the Poor-rate for actual sickness, 10 per cent were there with these diseases. This ratio of these particular disorders to other kinds of disease in our workhouses, is doubtless far higher in towns than in country districts. Again our prison population suffers largely from these diseases. At the borough prison at Devonport, in the years 1852 to 1863 in-

Calculation of
Privy Council
observers
incomplete.

Inmates of
prisons suffer
largely from
these diseases

* Evidence before Contagious Diseases Acts Commission, p. 840.

† Evidence before Contagious Diseases Acts Commission, p. 818.

clusive, 1·63 per cent of the prisoners had syphilis or venereal sores and 2·79 per cent. gonorrhoea. While in the years 1864 to 1870 inclusive, when preventive measures were in force, syphilis and local sores were reduced to ·54 per cent. and gonorrhoea to 2 per cent.* Another fact indicates the extent to which these diseases prevail among the young adult population, namely, 16 per 1,000 of those who offer themselves as recruits for the army have syphilis or local sore, while 38 out of every 1,000 of the rejected have these diseases.†

Comparison of
contagious
diseases in
London and
Paris.

The following is an instructive comparison of the extent of contagious diseases among the sick poor of Paris and London. In a letter from Dr. Lefort, surgeon to the Hôpital du Midi of Paris, published in the "Lancet" of 28th May, 1870, it is stated that in 1866 there were 325,287 persons seen as in- and out-patients at the general hospitals alone, for all kinds of sickness. Of these, 10,842 suffered from "contagious" affections, or 3·3 per cent. Now, the observers employed by the Medical Officer to the Privy Council saw, in the general hospitals they selected as fair standards of the condition of the sick poor of London, 10,229 persons, of whom 902 were "contagious," or 8·8 per cent. In both cases the patients seen at the special hospitals for these diseases are excluded, and also the estimate for that portion of the sick poor who are treated by the poor law medical officers who, as a rule, do not relieve such disease. The Medical Officer of the Privy Council says the poor law relieves as out-patients about one-fourth as many as the number relieved by the charitable institutions; hence the 8·8 per cent., may be reduced to $6\frac{1}{2}$ per cent. or just double the amount seen in Paris. It has been already con-

* Evidence before Contagious Diseases Acts Commission, p. 825.

† Extracted from Official Statistics on the Health of the Army.

tended that the Medical Officer of the Privy Council has greatly under-estimated the amount of these diseases in the London sick poor; yet even his data, and they are clearly below the truth, would show these diseases to be double as common in London as in Paris.

In the statistical reports of the navy and army, we have records of the loss occasioned by these diseases for several years. From these we learn that the loss, for some unknown cause, steadily diminished before sanitary regulations were set in force. Consequently the *whole* diminution of this form of sickness in the districts under the Acts, has been attributed by their opponents to this unknown influence, and none to the operation of those Acts.

Loss to the public services.

This conclusion may be proved incorrect by looking at Table A, on page 811, of the Report of the Royal Commission, which gives the ratios per 1,000 of the entries for primary sore and gonorrhœa from 1864 to 1870. It is there shown that the usual ratio of the most important form of disease, viz., the primary sore, in the unprotected stations fell slowly to 1866 but from that year has risen to even higher than its old ratio of 111, up to 113·3 in 1870. From these facts it is plain that the proportion of admissions to hospital for 'contagious' disease in the army at home is not still gradually diminishing where the Acts are not carried out, but that there the old level is certainly kept, and even surpassed. Next, if the entries at the stations where the Act is put in force are examined, we find a marked and great decrease in the ratio. These stations started with an entry for primary sore, even greater than that of the unprotected stations, namely, 120; but the ratio fell gradually in 1866 to 90·5; in 1867 to 86·3; in 1868 to 72; in 1869 to 60; and in 1870 to 54·5.*

Great diminution of the more important form of disease.

* See Evidence of Dr. T. G. Balfour, F.R.S. Q. 16,067 to 16,446.

These figures are especially reliable because they were furnished to the Commission by Dr. Balfour, who is at the head of the Statistical department at the War Office, and was originally a strong opponent of the Acts, but who has entirely changed his opinion respecting them in consequence of the facts which have come under his notice in his official capacity.

In his statistical comparison of the protected with the unprotected stations, Dr. Balfour confined his observations to primary sores and gonorrhoea. He excluded secondary disease, as introducing a source of fallacy, because it may be contracted in a given district and developed elsewhere, or contracted elsewhere and developed in the district. But as the secondary disease is almost invariably preceded by the primary sore, the diminution of the one may safely be taken as a correct index of the diminution of the other.

Improvement
noticeable in the
effective strength
of the army.

This improvement begins to tell on the effective strength of the army. The number of men of the force serving at home constantly off duty per 1,000 from contagious disease, was in 1870, $23\frac{3}{4}$; in 1861, when no Act had been passed, $24\frac{1}{2}$; but we find that in 1870,* in the protected districts, the ratio constantly sick was $8\frac{3}{4}$ only per 1,000 of the effective military force there stationed. This amelioration is great, and most satisfactory for those who believe in the efficacy of sanitary restrictions; but the information that we can glean of the condition of foreign armies, shows that the loss from this cause is far less than it is in our own. In the British home army, from 1860-67 it equalled 7.44 days per man per year. Before the late war the French army had 11 men per 1,000 of those actually present in garrison kept from duty, and the loss estimated on the whole force is only four days per

Comparison of
the British
with the French
and Belgian
armies.

* Third table on p. 815 of Royal Commission's Evidence.

man per year, or about half what used to be the loss in our own army. According to an official return from the Belgian War Office, in the Belgian army the average annual loss from this cause has, during the six years 1863-68, equalled 2·96 days of each effective soldier's services.

Passing from the general effect on the troops stationed within the protected districts, to the effect at particular stations, it appears from a return (furnished by Dr. Gordon, principal medical officer of the district), of the entries for primary sore and gonorrhœa at the military hospitals at Portsmouth, during the seven years 1863-69, that the annual ratio of the first six years for these two diseases, was over 254 per 1,000, whereas in 1869, the last year of the statistics, it was 178. And on the authority of the same gentleman it is stated that in a single week of May, 1870, the 12,666 men of the navy and army at Portsmouth sent only 17 fresh cases of contagious disease to hospital; in the corresponding week prior to the introduction of the Acts the number was 60.

Diminution of
disease at
Portsmouth.

We give the following excellent illustration of the advantage of the Acts, on the authority of Mr. Arthur Myers, Assistant-Surgeon, Coldstream Guards. The first battalion of that regiment were at Windsor from September 1 to December 1, 1870. Windsor is under the Acts. During that three months there were 14 cases of disease, viz., 8 of venereal sores and 6 of gonorrhœa. The second battalion was in London during the same three months, and the cases of disease were 68, viz., sores 36 and gonorrhœa 32. That is to say, the amount of disease contracted in London was all but five times as great as in Windsor. A similar illustration from the Grenadier Guards, showing that disease in that regiment was three and a half times greater in London than in Windsor, was given in our last report.

Comparison
between London
and Windsor,
experience of
Coldstream
Guards.

Experience at
Dover of the
importance of
periodical
examination.

If it were necessary to adduce further proofs of the advantages of periodical examination of the women in the prevention of disease the case of Dover is most striking.

The Acts were first applied at Dover on January 17th, 1870. On that day 37 women were examined and 13 were found diseased, all with syphilis. On the next examination day 20 women were examined and 7 were found diseased, all with syphilis. On the third day 22 women were examined and 4 were found diseased, all with syphilis. On the fourth day 23 women were examined and 4 were found diseased, all with syphilis; so that of the whole number of known prostitutes (92) resident in Dover, 27 were found infected with syphilis on their first appearance for examination.

In the first fortnight of January, 1871, 79 women were examined, of whom only 5 were found diseased, 3 with syphilis, 2 with gonorrhœa.

Scarlet fever broke out in the house used as an examining room, and the periodical inspections were suspended from March 14th to April 15th, 1871.

On April 15th, 25 women were examined and 5 were found diseased, all with syphilis. On April 18th, 20 examined, 3 diseased with syphilis. April 22nd, 19 examined, all healthy. April 25th, 12 women examined and 4 found infected with syphilis. On the 29th April, 3 of the women, who had evaded examination previously, were also found infected with syphilis.

So that of 79 women, 15 were infected with syphilis, although the periodical inspections had been suspended one month only. The Inspector of Police during this period, knowing that some of the women were diseased, begged them to go to the hospital at Shorncliffe, but they declined doing so.

The medical officer in charge of the troops, officially

reported on an increase of syphilis in the soldiers, following the suspension of periodical examinations.

But the call on the taxpayer is lessened. If we take Sir Alexander Tulloch's estimate of the annual cost of a private soldier, namely 100*l.*, we shall find a considerable saving to set off against the expense of the Acts, even at this early stage of their operations. The average number constantly sick with contagious disease from 1860 to 1869 inclusive, in the army serving at home, was 1,531 men.* In the protected districts the average number constantly sick per 1,000 of strength from 1867 to 1870 inclusive, sank from $12\frac{3}{4}$ men to $8\frac{3}{4}$. While in the unprotected districts the number was 13 in 1870, and 13 in 1869; having been 14 and 15 in 1867, 1868. Thus, the difference in favour of the protected districts was 4 per 1,000, and as the mean strength in 1870 in those districts was 40,500 men, 16,200*l.* was the money-saving in soldier's health to the country, through the Acts in that year.

Diminution of
expense to the
taxpayer.

The latest statistical report yet published on the health of the navy, is that for 1868, and therefore we have no means of learning to what extent this force has been benefited by the Acts at the present time, beyond the single fact that whereas before their introduction the admissions for venereal sore were 104 per 1,000 mean strength, they are now 53. But the following has also been collected from the official blue books. Between 1861 and 1865, both years inclusive, the average annual strength of the crews afloat on the home station was 21,420 men, and the average annual number of days' sickness from contagious disease was 99,658. On 3rd December, 1864, the Contagious Diseases Prevention Act of 1864 was set in force at Portsmouth, and in April, 1865, at

* Commission's Evidence, p. 815.

Devonport. Though so inadequate that it was replaced by the stringent Act of 1866, it was not devoid of effect on the health of the seamen, for in 1866 the number of days' sickness from these diseases fell to 76,429, and in 1867 to 72,132—the strength of the crews being rather higher than before. Let us see if the saving in money that attends this saving in health can be expressed. In the Appendix to the “Report of the Committee of Surgeons on Contagious Disease in the Army and Navy, 1865,” p. 2, an official return states that the cost of these diseases among the seamen and marines afloat in 1862 was 32,000*l*. This estimate gives an expenditure per man for wages of 32*l*., for victuals of 19*l*., and for hospital expenses of 29*l*. 10*s*., or a total of 80*l*. 10*s*. per man. According to these data, the cost among the crews afloat, from 1861–65, averaged 21,867*l*. a-year, while in 1866 it fell to 16,840*l*., and in 1867 to 15,898*l*.

It may be objected that the saving is outweighed by the expense necessary for carrying out the Acts; some 30,000*l*. or 40,000*l*. having been voted by Parliament for this purpose. But this sum includes a large portion for building hospitals and other similar purposes, hence this annual saving becomes a very handsome return for the outlay of capital.

Reduction of true
syphilis.

There is one point respecting the diminution of syphilis deserving a moment's attention; namely, to bring forward the evidence concerning the reduction of true syphilis by the Contagious Diseases Acts. This cannot yet be shown by as conclusive a set of figures as those by which the diminution in the primary sore can be proved. But as a sore, almost without exception, begins the course of constitutional syphilis, the diminution by one-half of those sores must imply a diminution in the proportion of

those cases which belong to the constitutional or true syphilis. Corroborative of this view is the report of Dr. Gordon, the principal medical officer of the garrison at Portsmouth, which shows that the entries of all sores and of true syphilis were for both one-third less in the last quarter of 1869 than they were in the corresponding quarter of 1868. The same result is reported from the Royal Naval Hospital, Plymouth.*

To these may be added the testimony from the records of the effect of the Acts on the health of the women subjected to them, which has been as remarkable as that on the health of the men. In a table printed on page 829 of the Commission's evidence, the proportion of local disease and constitutional disease in the patients treated in the Devonport Lock Hospital is shewn. But it must be borne in mind that only since Midsummer, 1868, has the accommodation in hospital been sufficient to receive *all* the women who might be found diseased. Consequently that is the first period at which *all* the prostitutes were subjected to periodical examination, and all the cases of disease secluded for treatment in hospital. The proportion of true syphilis in 1868 and 1869 fell from 20 to 11 per cent. of the patients sent to hospital. Furthermore, during the six successive half years of the operation of the Act of 1866 at the Royal Albert Hospital, Devonport, the Lock Hospital for that district, the average length of stay in hospital for the cases of true syphilis, fell from 125 to 66 days. This may be offered as a proof that the Act has greatly diminished the severity of true syphilis.

Progressive
improvement in
the health of
the women.

In fact, the testimony from all quarters, of the beneficial influence of the Acts in lessening the quantity, and also the severity, of the more important forms of disease is remarkably uniform, and is

* Commission's Evidence, p. 821.

entirely opposed to the hypothesis of the Medical Officer of the Privy Council, that "the gain would be found on analysis to belong very predominantly to those kinds of venereal disease in which the community has little or no permanent interest."

Another fact strongly corroborative of the effect of compulsory periodical examination in reducing disease is this, wherever the examination has been carried out regularly, the proportion of diseased prostitutes to the total number on the register has steadily fallen to all but one-half of the amount that still existed in the first half-year of 1868, when sufficient hospital accommodation for the first time enabled the authorities to bring all the women under periodical examination.*

* Commission's Evidence, p. 833 and 834.

APPENDIX.

COPY OF A LETTER IN SUPPORT OF THE CONTAGIOUS DISEASES ACTS, ADDRESSED TO THE HOME SECRETARY BY LEADING MEMBERS OF THE MEDICAL PROFESSION.

To THE RIGHT HON. H. A. BRUCE, M.P., *Secretary of State for the Home Department.*

Dec. 18, 1871.

SIR,

WE, the undersigned, beg to express to you the deep and continued interest we feel in the subject of legislation for the diminution of Contagious Venereal Disease.

Firmly convinced, as we are, of the deteriorating influence exercised by this form of disease on the public health, and painfully familiar with the serious suffering which it entails on large numbers of innocent individuals, we are most anxious that in any forthcoming measure nothing should be done to weaken the beneficial sanitary operation of the Acts at present in force, which can be shown to have reduced the more serious form of disease by considerably more than one-half in the Districts where they are in operation. (*See the evidence of Dr. Balfour before the Royal Commission.*)

We especially wish to protest against the erroneous supposition that a personal examination is deemed by the women themselves either so degrading or repulsive as has been represented. We know, by long experience of this class, that they will flock in crowds to our public hospitals for admission, although the presence of a number of medical students renders the exposure far greater than in the private chamber of an institution appropriated for this purpose by the Acts.

There is no difficulty in obtaining their voluntary attendance for even public examination when sick and incapable of further struggle with disease, but we know that, with rare exceptions, they cannot be induced to seclude themselves for treatment in the earlier and less painful stages of their complaints, when, for obvious reasons, they are most actively instrumental in communicating infection.

We therefore believe it to be absolutely essential to the success of any Act of the legislature on this subject, that it should provide effectually for the earliest possible detection and treatment of disease in public women, and we are unable to see how this can be accomplished otherwise than by a system of periodical examinations.

If then, Sir, we are warranted, by recorded facts, in our belief that the temporary seclusion of these diseased women in a more healthy moral atmosphere has been found to contribute, in no unimportant proportion of them, to their restitution to the paths of virtue; if, both physically and morally, they have been thereby raised in the scale of humanity, we trust you will not listen to a factitious opposition, founded on a most imperfect knowledge of the character and altered nature of these women, and of the extent of the evils to be remedied.

We conclude, Sir, with the expression of a most earnest hope that in any future legislation on this subject, the main principles of the Acts of 1866 and 1869 may remain unaltered.

We have the honour to be,

Sir,

Your obedient Servants,

GEO. BURROWS, M.D., F.R.S., President of the Royal College of Physicians; Consulting Physician to St. Bartholomew's Hospital.

GEO. BUSK, F.R.S., President of the Royal College of Surgeons.

GEO. E. PAGET, M.D., D.C.L., President of the General Council of Medical Education.

THOMAS WATSON, Bart., M.D., LL.D., D.C.L., F.R.S., late President of the Royal College of Physicians; and Physician in Ordinary to H.M. THE QUEEN.

JAMES ANDERSON, Knt., M.D., D.C.L., F.R.S., late President of the Royal College of Physicians; Consulting Physician to St. Mary's Hospital.

CÆSAR H. HAWKINS, F.R.S., late President of the Royal College of Surgeons; Sergeant-Surgeon to H.M. THE QUEEN; Consulting Surgeon to St. George's Hospital.

F. C. SKEY, C.B., F.R.S., late President of the Royal College of Surgeons; Consulting Surgeon to St. Bartholomew's Hospital.

RICHARD PARTRIDGE, F.R.S., late President of the Royal College of Surgeons; Consulting Surgeon to King's College Hospital.

JOHN HILTON, F.R.S., late President of the Royal College of Surgeons; Surgeon-Extraordinary to H. M. THE QUEEN; Consulting Surgeon to Guy's Hospital.

EDWARD COCK, late President of the Royal College of Surgeons; Senior Surgeon to Guy's Hospital.

WM. FERGUSSON, Bart., F.R.S., late President of the Royal College of Surgeons; Sergeant-Surgeon to H.M. THE QUEEN; Surgeon to King's College Hospital.

HENRY HOLLAND, Bart., M.D., LL.D., D.C.L., F.R.S., Physician in Ordinary to H.M. THE QUEEN.

WILLIAM JENNER, Bart., M.D., D.C.L., F.R.S., Physician in Ordinary to H.M. THE QUEEN, and to H.R.H. THE PRINCE OF WALES; Physician to University College Hospital.

CHARLES LOCOCK, Bart., M.D., D.C.L., F.R.S., late Physician Accoucheur to H.M. THE QUEEN.

- JAMES PAGET, Bart., D.C.L., F.R.S., Sergeant-Surgeon Extraordinary to H.M. THE QUEEN; Surgeon in Ordinary to H.R.H. THE PRINCE OF WALES; Consulting Surgeon to St. Bartholomew's Hospital.
- PRESCOTT HEWETT, Surgeon-Extraordinary to H.M. THE QUEEN; Senior Surgeon to St. George's Hospital.
- THOMAS K. CHAMBERS, M.D., Hon. Physician to H.R.H. THE PRINCE OF WALES; Consulting Physician to St. Mary's Hospital and to the London Lock Hospital.
- EDWARD H. SIEVEKING, M.D., Physician in Ordinary to H.R.H. THE PRINCE OF WALES; Physician to St. Mary's Hospital, and to the London Lock Hospital.
- GEORGE POLLOCK, Surgeon in Ordinary to H.R.H. THE PRINCE OF WALES; Surgeon to St. George's Hospital.
- ARTHUR FAIRRE, M.D., F.R.S., Physician-Accoucheur to H.R.H. THE PRINCESS OF WALES.
- G. T. GREAM, M.D., Physician-Accoucheur to H.R.H. THE PRINCESS OF WALES.
- HENRY HANCOCK, Vice-President of the Royal College of Surgeons; Senior Surgeon to Charing Cross Hospital.
- T. B. CURLING, F.R.S., Vice-President of the Royal College of Surgeons; Consulting Surgeon to the London Hospital; President of the Royal Medical and Chirurgical Society.
- RISDON BENNETT, M.D., Senior Censor of the Royal College of Physicians; Physician to St. Thomas's Hospital.
- FRANCIS SIBSON, M.D., F.R.S., Censor of the Royal College of Physicians; Consulting Physician to St. Mary's Hospital.
- C. J. B. WILLIAMS, M.D., F.R.S., Consulting Physician to the Hospital for Consumption, Brompton.
- WILLIAM W. GULL, M.D., D.C.L., F.R.S., late Physician to Guy's Hospital.
- RICHARD QUAIN, M.D., F.R.S. Physician to the Hospital for Consumption.
- ANDREW CLARK, M.D., Physician to the London Hospital; President of the Medical Society of London.
- SAMUEL A. LANE, Member of the Court of Examiners of the Royal College of Surgeons; Consulting Surgeon to St. Mary's Hospital, and to the London Lock Hospital.
- ERASMUS WILSON, F.R.S., Member of the Council of, and Professor of Dermatology to, the Royal College of Surgeons.
- VICTOR DE MERIC, Senior Surgeon to the Royal Free Hospital; President of the Harveian Society.
- G. OWEN REES, M.D., F.R.S., Senior Physician to Guy's Hospital.
- ROBERT BARNES, M.D., Obstetric Physician to St. Thomas's Hospital.
- SAMUEL WILKS, M.D., F.R.S., Physician to Guy's Hospital.
- WM. S. SAVORY, F.R.S., Member of the Court of Examiners of the Royal College of Surgeons; Surgeon to St. Bartholomew's Hospital.
- A. W. BARCLAY, M.D., Physician to St. George's Hospital.
- C. HANDFIELD JONES, M.D., F.R.S., Senior Physician to St. Mary's Hospital.
- TIMOTHY HOLMES, Surgeon to St. George's Hospital, and Surgeon-in-Chief to the Metropolitan Police.
- BARNARD HOLT, Senior Surgeon to the Westminster Hospital.
- HAYNES WALTON, Surgeon to St. Mary's Hospital.
- T. SPENCER WELLS, Surgeon to the Household of H.M. THE QUEEN; Surgeon to the Samaritan Hospital for Women.
- WM. O. PRIESTLEY, M.D., Obstetric Physician to King's College Hospital.
- H. J. H. BOND, M.D., Regius Professor of Medicine in the University of Cambridge.
- RICHARD OWEN, D.C.L., LL.D., F.R.S., Superintendent of the Natural History Department of the British Museum.
- JOHN CLARKE, M.D., Obstetric Physician to St. George's Hospital.
- ARTHUR E. DURHAM, Assistant-Surgeon to Guy's Hospital.

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JAMES R. LANE, Surgeon to St. Mary's Hospital, and to the London Lock Hospital.

GEO. G. GASCOYEN, Surgeon to the London Lock Hospital.

WALTER J. COULSON, Surgeon to the London Lock Hospital.

JOHN ERIC ERICHSEN, Member of the Council of Royal College of Surgeons; Senior Surgeon to University College Hospital.

ROBERT GREENHALGH, M.D., Physician-Accoucheur to St. Bartholomew's Hospital.

ROBERT BRUDENELL CARTER, Ophthalmic Surgeon to St. George's Hospital.

WILLIAM ACTON, Author of "Prostitution considered in its moral, social, and sanitary aspects."

P. BLACK, M.D., Physician to St. Bartholomew's Hospital.

H. W. RUMSEY, M.D., late Member of the General Medical Council, Author of "Essays on State Medicine," &c.

E. A. PARKES, M.D., F.R.S., Member of the General Medical Council; Professor of Hygiene in the Army Medical School, Netley.

HENRY W. FULLER, M.D., Senior Physician to St. George's Hospital.

CAMPBELL DE MORGAN, F.R.S., Senior Surgeon to the Middlesex Hospital.

J. BRENDON CROENVEN, Hon. Sec. to the Harveian Society,

W. WADHAM, M.D., Physician to St. George's Hospital.

THOMAS BRYANT, Surgeon to Guy's Hospital.

JOHN GAY, Member of the Council of the Royal College of Surgeons; Senior Surgeon to the Great Northern Hospital.

WALTER DICKSON, M.D., R.N., Medical Inspector, H.M. Customs

CHRISTOPHER HEATH, Surgeon to University College Hospital, and to the Hospital for Women.

JOHN W. OGLE, M.D., Physician to St. George's Hospital.

REGINALD SOUTHEY, M.D., Physician to St. Bartholomew's Hospital.

W. H. BROADBENT, M.D., Physician to St. Mary's Hospital, and to the London Fever Hospital.

W. B. CHADLE, M.D., Assistant-Physician to St. Mary's Hospital, and to the Hospital for Sick Children.

JAMES EDWARD POLLOCK, M.D., Physician to the Hospital for Consumption.

BERKELEY HILL, Surgeon to University College Hospital; Surgeon to Out-Patients, London Lock Hospital.

EDWIN LANKESTER, M.D., F.R.S., Coroner for Central Middlesex; Medical Officer of Health to the Parish of St. James's, Westminster.

THOMAS B. DIPLOCK, M.D., Coroner for West Middlesex.

C. J. B. ALDIS, M.D., Medical Officer of Health to the Parish of St. George, Hanover Square.

W. R. BASHAM, M.D., Senior Physician to the Westminster Hospital.

TILBURY FOX, M.D., Physician to the Skin Department, University College Hospital.

ALFRED MEADOWS, M.D., Physician-Accoucheur to St. Mary's Hospital, and Physician to the Hospital for Women.

LIONEL J. BEALE, M.D., F.R.S., Physician to King's College Hospital.

JOHN BIRKETT, Member of the Council of the Royal College of Surgeons; Surgeon to Guy's Hospital.

GEORGE CRITCHETT, Senior Surgeon to the Royal London Ophthalmic Hospital.

GEO. W. CALLENDER, F.R.S., Surgeon to St. Bartholomew's Hospital.

C. MURCHISON, M.D., F.R.S., Physician to St. Thomas's Hospital.

JAMES ANDREW, M.D., Physician to St. Bartholomew's Hospital,

THOS. B. PEACOCK, M.D., Physician to St. Thomas's Hospital.

H. SPENCER SMITH, Member of the Council of the Royal College of Surgeons; Senior Surgeon to St. Mary's Hospital.

RETURNS MADE BY THE METROPOLITAN POLICE, ILLUSTRATING THE PREVENTIVE AND RECLAMATORY EFFECTS OF THE ACTS AT PLYMOUTH AND DEVONPORT.

RETURN showing the comparative Ages of Common Prostitutes in the above-mentioned District, from the time the Acts were first put into operation until the 31st December, 1871.

Dates.	Ages.												Total.	Remarks.
	and under													
	12	13	14	15	16	17	18	19	20	21	26	31 and over.		
	13	14	15	16	17	18	19	20	21	26	31			
1st April,* 1865	2	12	109	89	207	227	184	230	189	344	137	40	1770	During the year ending 31st December, 1871, sixty-nine girls from 14 to 20 years of age were restored to their friends, or entered Homes, after being Registered; and fifty-eight, from 13 to 20 years of age, before being Registered. One, Harriott R. H. Starling, 13 years of age, was sent to a reformatory in Plymouth; and the woman who induced her to leave her mother's house was sentenced to 12 months' imprisonment (Devon Assizes), 18th December, 1871.
31st December, 1866	2	..	13	88	201	108	101	110	101	342	130	42	1238	
31st " 1867	..	..	15	34	102	75	92	113	118	309	123	29	1010
31st " 1868	..	1	14	22	45	62	87	89	178	228	70	33	829	
31st " 1869	..	..	2	2	16	18	25	36	116	302	98	47	662
31st " 1870	..	..	..	1	3	13	17	19	25	336	89	54	557
31st " 1871	..	..	..	..	1	9	17	24	35	209	84	54	503

* When the Acts were first put into operation in this District.

(Signed)

WILLIAM C. HARRIS, Assistant-Commissioner to the Police of the Metropolis.

RETURN showing the number of Girls in the Plymouth and Devonport District, from 20 years and under, who have been "restored to friends," or "entered Homes," and consequently removed from the Register, during the year 1871; also the number induced by Police, when first found in brothels, &c., to return to friends, or enter Homes, before being Registered.

Period.	Removed from the Register.			Number restored to friends, or entered Homes, before being Registered.	Grand total.	Remarks.
	Restored to friends.	Entered Homes.	Total.			
1st Jan. to 31st Dec., 1871	42	27	69	53	127	By the daily visitation of houses of ill-fame, in addition to the numbers actually reclaimed, a large number of young girls are prevented from frequenting these houses. Hence the great reduction in juvenile prostitution.

(Signed) WILLIAM C. HARRIS, Assistant-Commissioner to the Police of the Metropolis.

RETURN showing the average number of days Common Women of the Plymouth and Devonport District are under treatment for Venereal Diseases; also the average number of days Women coming from beyond the District boundaries are under treatment for the like diseases.

Period.	Women residing within the District.	Women coming from beyond the District.	Remarks.
1st January to 31st December, 1871 ..	27.82	94.75	Four women coming from beyond the District (averaging 184 days of medical treatment) are still in hospital uncured.

(Signed) WILLIAM C. HARRIS, Assistant-Commissioner to the Police of the Metropolis.